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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/677.831 Filing Date TRANSMITTAL September 29, 2000 First Named Inventor **FORM** Stephane MAES Art Unit 2683 Examiner Name Cumming, William D. (to be used for all correspondence after initial filing) Attorney Docket Number 16 3503.PALM.PSI Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) RCE Transmittal (1 pg) in duplicate; Return postcard. Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Berry & Associates P.C. Signature /Reena Kuyper/ Printed name Reena Kuyper Date Reg. No. June 28, 2005 33,830 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Kevin Winstead

Typed or printed name

Date

June 28, 2005

PTO/SB/17 (12-04v2)

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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004. ADE 65 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			.,	Complete if Known				
			An	Application Number 09/677,831			····	
FEE TRANSMITTAL			Fili	ng Date	Sept	September 29, 2000		
For FY 2005			Fire	First Named Inventor Stephane MAES				
TZ A - disease deline and the state Con 27 CED 4 27			Ex	Examiner Name Cumming, William D.				
Applicant claims small entity status. See 37 CFR 1.27			Art	Art Unit 2683				
TOTAL AMOUNT OF PAYMENT (\$) 555.00			Att	orney Docket No	3503	3503.PALM.PSI		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-3102 Deposit Account Name: BERRY & ASSOCIATES P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Colored and different for (a) and describe a first (a)								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this Information and authorization of		ome public. Credit card	d informa	tion should not be	included	on this form. Pro	vide cred	lit card
FEE CALCULATION						·		
1. BASIC FILING, SEAR	CH, AND E	XAMINATION FEE	S					
X	FILING F	EES SE	ARCH			TION FEES		
Application Type	<u>Sn</u> Fee (\$)	nall Entity Fee (\$)		nall Entity Fee (\$)	<u>Si</u> Fee (\$)	mall Entity Fee (\$)	Fee	s Paid (\$)
Utility	300	150 50			200	100		
Design	200	100 10	00	50	130	65	-	
Plant	200	100 30	00	150	160	80		
Reissue	300	150 50	00	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE Fee Description	s					<u>S</u> Fee (\$)	Small Er Fee (\$	
Each claim over 20 (in	Each claim over 20 (including Reissues) 50							_
Each independent claim over 3 (including Reissues) 200							100	
Multiple dependent claims 360						180	Claime	
21 - 20 or HP =	Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depended 2120 or HP = 0 x 250							Paid (\$)
HP = highest number of total	HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims 4 - 3 or HP =	Extra Claims		Fee Paid 100	I (\$)				
4 - 3 or HP = 1 x 100 = 100 HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets								
4. OTHER FEE(S)								
Other (e.g., late filing surcharge): Petition for Extension of Time (\$60.00): RCE (\$395)							\$455.00	
Other (e.g., rate filling surcharge): Petition for Extension of Time (\$60.00); RCE (\$395)							ψ 4 33.00	

SUBMITTED BY							
Signature	/Reena Kuyper/	Registration No. (Attorney/Agent) 33,830	Telephone (310) 247-2860				
Name (Print/Type)	Reena Kuyper		Date June 28, 2005				

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